

IOWA STATE UNIVERSITY

Digital Repository

Volume 3 | Issue 3

Article 16

1941

Fetal Dystocia

L. W. Feldman

Iowa State College

Follow this and additional works at: https://lib.dr.iastate.edu/iowastate_veterinarian



Part of the [Large or Food Animal and Equine Medicine Commons](#), and the [Veterinary Pathology and Pathobiology Commons](#)

Recommended Citation

Feldman, L. W. (1941) "Fetal Dystocia," *Iowa State University Veterinarian*: Vol. 3 : Iss. 3 , Article 16.

Available at: https://lib.dr.iastate.edu/iowastate_veterinarian/vol3/iss3/16

This Article is brought to you for free and open access by the Journals at Iowa State University Digital Repository. It has been accepted for inclusion in Iowa State University Veterinarian by an authorized editor of Iowa State University Digital Repository. For more information, please contact digirep@iastate.edu.

point fired and red biniodide of mercury applied. The case was dismissed.

—E. S. McClelland, '42

6

Fetal Dystocia. Late in August a veterinarian was called to a farm to attend a dystocia. On arriving he found a Brown Swiss cow trying to have her second calf. The fetus was in normal anterior presentation with the forelegs and head protruding from the vulva. The eyes were open and the calf was apparently in good condition. After repelling the calf, the birth canal was palpated but nothing could be felt. The assistant then pulled the fetus out as far as possible and in this position a greatly distended sac of fluid was felt just over the rim of the pelvis. This was an enormously enlarged abdomen.

With a curved pointed bistoury, the veterinarian made an unsuccessful attempt to puncture the abdomen and allow the fluid to escape. During the handling of the calf, a brown fluid was noticed escaping from the mouth. A stomach tube was immediately passed on the fetus and about seven gallons of the fluid ran out. This reduced the abdomen, and the calf easily slipped out. During the process of removing the fluid the fetus died.

On post mortem examination the stomachs and anterior third of the small intestine were found to be greatly distended. The remainder of the small intestine and the large intestine were normal. No stricture of the intestine was present. Apparently the fetus had swallowed the amniotic fluid, which then collected in the anterior portion of the digestive tract.

—L. W. Feldman, '42

7

Rupture of the Prepubic Tendon of a Ewe. A two year old Hampshire ewe was brought to the Iowa State College Veterinary Clinic on Feb. 17, 1941. The normal gestation period was almost completed. The ewe had become



lame about ten days prior to the time she was presented. The only external cause the owner was aware of which could possibly be a factor in the case was the fact that the ewe had to jump over a ten inch door sill to get into the stable.

The animal was examined, the symptoms and general appearance indicating rupture of the prepubic tendon. These symptoms included a peculiar downward enlargement of the abdomen, a forward displacement of the mammary gland and a hindrance to locomotion. Both sides were involved, but the left side of the abdomen was more pendulous than the right.

As no treatment was indicated, the ewe was sent home. Instructions were given the owner to watch for signs of approaching parturition and to give assistance in delivering the lamb if possible. The prognosis given was quite unfavorable. This is due primarily to the fact that following a degeneration of the abdominal floor, regeneration does not readily take place. The rupture would also make parturition more difficult than normal, because the force of contractions of the uterine musculature alone would have to expel the fetus or feti, and because the sagging of the abdominal floor would change the relationship between the plane of the axis of the uterus to that of the pelvic cavity.

Several weeks later, two associates and the author interviewed the owner of the